

(2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request:* Extension of a currently approved collection without change; *Title of Information Collection:* Attending Physician's Certification of Medical Necessity for Home Oxygen Therapy and Supporting Regulations 42 CFR 410.38 and 42 CFR 424.5; *Form Number:* HCFA-484 (OMB approval # 0938-0534); *Use:* To determine oxygen is reasonable and necessary pursuant to Medicare Statute, Medicare claims for home oxygen therapy must be supported by the treating physician's statement and other information including estimate length of need (# of months), diagnosis codes (ICD-9) and:

1. Results and date of the most recent arterial blood gas PO₂ and/or oxygen saturation tests.

2. The most recent arterial blood gas PO₂ and/or oxygen saturation test performed EITHER with the patient in a chronic stable state as an outpatient, OR within two days prior to discharge from an inpatient facility to home.

3. The most recent arterial blood gas PO₂ and/or oxygen saturation test performed at rest, during exercise, or during sleep.

4. Name and address of the physician/provider performing the most recent arterial blood gas PO₂ and/or oxygen saturation test.

5. If ordering portable oxygen, information regarding the patient's mobility within the home.

6. Identification of the highest oxygen flow rate (in liters per minute) prescribed.

7. If the prescribed liters per minute (LPM), as identified in item 6, are greater than 4 LPM, provide the results and date of the most recent arterial blood gas PO₂ and/or oxygen saturation test taken on 4 LPM.

If the PO₂=56-59, or the oxygen saturation=89%, then evidence of the beneficiary meeting at least one of the following criteria must be provided.

8. The patient having dependent edema due to congestive heart failure.

9. The patient having cor pulmonale or pulmonary hypertension, as documented by P pulmonale on an EKG or by an echocardiogram, gated blood pool scan or direct pulmonary artery pressure measurement.

10. The patient having a hematocrit greater than 56%.

Form HCFA-484 obtains all pertinent information and promotes national

consistency in coverage determinations; *Frequency:* Other (as needed); *Affected Public:* Individuals/households, business or other for profit, and not for profit institutions; *Number of Respondents:* 300,000; *Total Annual Responses:* 300,000; *Total Annual Hours Requested:* 50,000.

2. *Type of Information Request:* Extension of a currently approved collection without change; *Title of Information Collection:* HEDIS 3.0 (Health Plan Data and Information Set), including the Health of Seniors and Consumer Assessment of Health Plans Study (CAHPS) surveys and supporting regulations 42 CFR 417.470, and 42 CFR 417.126; *Form Number:* HCFA-R-200 (OMB approval #0938-0701); *Use:* HEDIS and CAHPS will be used for 3 purposes: (1) To provide summary comparative data to the Medicare beneficiary to assist them in choosing among health plans; (2) to provide information to health plans for internal quality improvement activity; and (3) to provide HCFA, as purchaser, information useful for monitoring quality of and access to care provided by the plans; *Frequency:* Annually; *Affected Public:* Individuals or Households, non-profit and for profit HMOs which contract with HCFA to provide managed health care to Medicare beneficiaries; *Number of Respondents:* 293,834; *Total Annual Responses:* 293,834 *Total Annual Hours Requested:* 181,520.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, E-mail your request, including your address and phone number, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: HCFA, Office of Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards, Attention: John P. Burke III, Room C2-26-17, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: August 19, 1997.

John P. Burke III,

HCFA Reports Clearance Officer, HCFA Office of Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB); Correction

In the Health Care Financing Administration (HCFA) notice "Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget", published in the **Federal Register** on 8/20/97, 62 FR 44283, third column, second paragraph, "it was stated that "HCFA will respond as appropriate to the public comments received in response to the 10/24/97 **Federal Register** notice. * * *

However, the date referenced in this phrase was printed in error. The phrase is being corrected to read "HCFA will respond as appropriate to the public comments received in response to the 10/24/96 **Federal Register** notice. * * *

Dated: August 21, 1997

John P. Burke III,

HCFA Reports Clearance Officer, Office of Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards, Health Care Financing Administration.

[FR Doc. 97-22742 Filed 8-25-97; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Notice of Meetings

Pursuant to Pub. L. 92-463, notice is hereby given of meetings of the SAMHSA Center for Substance Abuse Treatment (CSAT) National Advisory Council and the SAMHSA National Advisory Council to be held in September 1997.

The CSAT National Advisory Council will have an open portion and include discussion of the Center's policy issues and current administrative, legislative, and program developments. If anyone needs special accommodations for persons with disabilities please notify the Contact listed below.

The meeting will also include the review, discussion, and evaluation of individual grant applications, contract proposals, and discussion of information about the Center for Substance Abuse Treatment's procurement plans. Therefore a portion of the meeting will be closed to the

public as determined by the Administrator, SAMHSA, in accordance with Title 5 U.S.C. 552b(c)(3), (4), and (6) and 5 U.S.C. App. 2, § 10(d).

A copy of the agenda and roster of Council members may be obtained from: Mrs. Joann M. Exline, CSAT, National Advisory Council, Rockwall II Building, Suite 619, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone: (301) 443-4946.

Substantive program information may be obtained from the contact whose name and telephone number is listed below.

Committee Name: Center for Substance Abuse Treatment National Advisory Council.

Meeting Date: September 11, 1997, 8:45 a.m.-5:00 p.m.; September 12, 1997, 9:00 a.m.-1:30 a.m.

Place: Holiday Inn/Chevy Chase, 5520 Wisconsin Avenue, Chevy Chase, Maryland 20815.

Open: September 11, 1997, 11:00 a.m.-5:00 p.m.; September 12, 1997, 9:00 a.m.-1:30 a.m.

Closed: September 11, 1997-8:45 a.m.-11:00 a.m.

Contact: Marjorie M. Cashion, Executive Secretary, Telephone: (301) 443-8923, and FAX: (301) 480-6077.

The SAMHSA National Advisory Council teleconference meeting will have an open portion and will include a roll call, general announcements and a discussion of the minutes of four previous meetings of the SAMHSA Council. The four meetings were held in Washington, D.C. on May 29, June 23, July 10, and July 29, 1997. Attendance by the public will be limited to space available. Public comments are welcome during the open session. Please communicate with the individual listed as Contact below to make arrangements to comment or to request special accommodations for persons with disabilities.

The meeting will also include the review, discussion and evaluation of individual contract proposals. Therefore, a portion of the meeting will be closed to the public as determined by the Administrator, SAMHSA, in accordance with Title 5 U.S.C. 552b(c) (3) (4) and (6) and 5 U.S.C. App. 2, § 10(d).

A summary of the agenda and a roster of Council members may be obtained from: Ms. Susan E. Day, Program Assistant, SAMHSA National Advisory Council, 5600 Fishers Lane, Room 12C-15, Rockville, Maryland 20857. Telephone: (301) 443-4640.

Committee Name: SAMHSA National Advisory Council.

Meeting Date: September 25, 1997.

Place: Substance Abuse and Mental Health Services Administration, Parklawn Building,

Conference Room 12-94, 5600 Fishers Lane, Rockville, Maryland 20857.

Open: September 25, 1997, 2:00 p.m.-2:45 p.m.

Closed: September 25, 1997, 2:45 p.m.-3:30 p.m.

Contact: Toian Vaughn, Executive Secretary, Room 12C-15, Parklawn Building, Telephone: (301) 443-4640 and FAX: (301) 443-1450.

Dated: August 21, 1997.

Jeri Lipov,

Committee Management Officer, Substance Abuse and Mental Health Services Administration.

[FR Doc. 97-22621 Filed 8-22-97; 8:45 am]

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DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-4263-N-11]

Proposed Collection: Comment Request

AGENCY: Office of the Assistant Secretary for Housing-Federal Housing Commissioner, HUD.

ACTION: Notice.

SUMMARY: The proposed information collection requirement described below will be submitted to the Office of Management and Budget (OMB) for review, as required by the Paperwork Reduction Act. The Department is soliciting public comments on the subject proposal.

DATES: Comments due: October 27, 1997.

ADDRESSES: Interested persons are invited to submit comments regarding this proposal. Comments should refer to the proposal by name and/or OMB Control Number and should be sent to: Reports Liaison Officer, Housing, Department of Housing and Urban Development, 451-7th Street, SW., Room 9116, Washington, DC 20410.

FOR FURTHER INFORMATION CONTACT: Ivy Jackson, Telephone number (202) 708-4560 (this is not a toll-free number) for copies of the proposed forms and other available documents.

For hearing- and speech-impaired persons, this number may be accessed via TTY (text telephone) by calling the

Federal Information Relay Service at 1-800-877-8339.

SUPPLEMENTARY INFORMATION: The Department is submitting the proposed information collection to OMB for review, as required by the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35, as amended).

This Notice is soliciting comments from members of the public and affected agencies concerning the proposed collection of information to: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information; (3) Enhance the quality, utility, and clarity of the information to be collected; (4) Minimize the burden of the collection of information on those who are to respond; including through the use of appropriate automated collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

This Notice also lists the following information:

Title of Proposal: Section 6 Model Disclosure Statements.

OMB Control Number, if applicable: 2502-0458.

Description of the need for the information and proposed use: The initial disclosure statement discloses to consumers about the probability of whether their loan will be sold. The transfer disclosure is given when the loan servicing is sold and/or transferred to another entity and provides important information concerning the transfer, such as, the name and address of the new servicer and who to contact if questions are raised.

Agency form numbers, if applicable: Not applicable.

Members of affected public: Lenders who originate loans and/or who service loans.

Estimation of the total numbers of hours needed to prepare the information collection including number of respondents, frequency of response, and hours of response:

SECTION 6.—SERVICING DISCLOSURES

Information collection	Number of respondents	Responses per respondent	Total annual responses	Hour per response	Total hours	Regulatory references
Initial Disclosure	20,000	212	4,240,000	.033	139,920	3500.21
Transfer Disclosure	20,000	2,250	45,000,000	.033	1,485,000	3500.21